

RESEARCH BRIEF

The Importance of Connecting Patients to SNAP in Health Care Settings



Given the inextricable connection between nutrition and health, health care providers have a unique opportunity to play a significant role in addressing food insecurity. As screening for hunger and connecting patients to resources is becoming standard practice in many hospitals and health systems across the country,¹ it is important to understand what the Supplemental Nutrition Assistance Program (SNAP) can do for patients through the health care lens. This brief will explore the benefits that are available to eligible patients through SNAP, the proven health outcomes that SNAP recipients experience compared to eligible nonparticipants, and the benefits that health systems at large experience when food insecurity is addressed.

What SNAP Offers

As our nation's first line of defense against hunger, SNAP helps over 40 million people put food on the table every month. The Census Bureau reports that in 2023 SNAP alone was responsible for lifting 3.4 million people out of poverty.² With the monthly support from SNAP, participants can allocate more of their funds to the food that they need and gain greater autonomy in deciding how to allocate those funds, alleviating the need to choose between food and other basic needs.

When an individual or household is approved for SNAP benefits, funds are made available on an Electronic Benefit Transfer (EBT) card in an amount based on several factors, such as household size, income, and specific expenses. SNAP recipients can use these funds to purchase foods, including:

- fruits and vegetables;
- meat, poultry, and fish;
- fresh, frozen, and non-perishable foods;
- dairy products;
- breads and cereals;
- other foods such as snack foods and non-alcoholic beverages; and
- seeds and plants that produce food for the household to eat.³



Short-Term Health Benefits Associated With SNAP Participation

Adults who are food insecure want to make healthy choices for themselves and their families.⁴ Because SNAP provides the opportunity for recipients to purchase more food, this supplemental benefit puts nutritious food, which is typically pricier than other foods, within their budget. SNAP alone reduces the prevalence of food insecurity in the U.S. by up to 30 percent.⁵

Recipients of SNAP can see improvements to their quality of life upon their first use of benefits. Having access to and consuming a healthy diet, leads people to have more energy and think more clearly, and many experience mood improvement as well.⁶ Other short-term health benefits that have been observed among SNAP recipients include, but are not limited to, increased likelihood of reporting excellent or very good health, improved birth outcomes among pregnant mothers,⁷ and more successful adherence to medication regimens among older adults participating in Medicaid and SNAP.⁸

Long-Term Health Benefits Associated With SNAP Participation

In addition to the short-term results of using SNAP benefits, rigorous studies highlight the preventative health and improved long-term health outcomes associated with SNAP.

Chronic Illnesses

Today, adults who live in food-insecure households are much more likely to have a chronic illness than adults who experience high food security.⁹ The most common chronic diseases linked to food insecurity include diabetes, obesity, cardiovascular disease, and mental health disorders.¹⁰ Food insecurity is also associated with an increased risk of excess mortality from all causes.¹¹ By improving access to nutritious foods, SNAP provides an opportunity to reduce diet-related chronic diseases and improve overall health.¹² In fact, participation in SNAP is directly linked to improved health outcomes, which helps to lower the risk of chronic disease and associated costs.¹³

Food-insecure adults are two to three times more likely to have Type 2 diabetes; and due to the higher price of nutritious foods, the risk for developing Type 2 diabetes is increased as well.¹⁴ In patients with diabetes, SNAP participation frees up additional financial resources that can be used for medical costs.¹⁵ SNAP participation is shown to reduce cost-related medication nonadherence by over 30 percent in patients with diabetes,¹⁶ meaning that patients who receive SNAP can allocate their budget to both food and medication instead of having to choose. Compared to individuals who do not participate in SNAP and report low nutrition security, SNAP participants who report higher food security had lower odds of diabetes and prediabetes overall.¹⁷



Obesity

SNAP also has proven to have positive effects on obesity in some populations. “The more time children receive SNAP while living in a less advantaged neighborhood, the less time they will spend obese as an adult relative to those who grow up with low income without SNAP receipt.”¹⁸ Because food insecurity also involves the lack of access to nutritious food, it is a known risk factor for obesity.¹⁹ SNAP reduces the prevalence of food insecurity,²⁰ by paving the way for better health outcomes over time as its recipients are able to access higher quality, nutritious food.

Cardiovascular Diseases

Food insecurity has known links to cardiovascular diseases, such as peripheral arterial disease and heart disease.²¹ Food insecurity is also associated with significantly increased rates of cardiovascular disease mortality among adults in the U.S.²² Access to healthy foods, however, has measurable, positive effects on cardiovascular disease outcomes,²³ which is why public health interventions like SNAP are recommended for eligible patients.²⁴ In a study that examined diet-related diseases like hypertension, coronary heart disease, and stroke in older adults, SNAP was found to be associated with reduced diet-related disease morbidity, especially among minority populations who reported significant reductions in cardiovascular conditions.²⁵ SNAP is also an effective tool to prevent cardiovascular conditions from developing at all, as children in households that receive SNAP benefits are known to experience lower risk of heart disease, diabetes, and hypertension in adulthood compared to children from eligible nonparticipating households.²⁶

Mental Health

Access to healthy food is also a contributing factor to positive mental health outcomes.^{27,28} Adults with a mental health disability are up to five times more likely to live in a household that is food insecure.²⁹ In states that expanded SNAP eligibility to a greater number of households by increasing the income limit for eligibility or eliminating the requirement for assets to fall under \$2,750, rates of many mental health conditions, including but not limited to major depressive episodes, incidence of mental illness and suicidal ideation/death decreased among program recipients.³⁰ Although people with mental health issues are significantly more likely to enroll in safety net programs like SNAP, improvements to food security can be lifechanging for patients struggling with their mental health who are not already enrolled. SNAP use is also associated with slower memory function decline among participants ages 50 and older than their eligible nonrecipient peers.^{31,32}

SNAP's Impact on Health Systems and Lowering Costs

Food insecurity is associated with significant increases in emergency department visits, hospitalizations, and days hospitalized.³³ Patients experiencing food insecurity are also more likely to be in the top 10 percent of health care expenditures, as well as the top 2 percent of that 10 percent.³⁴ SNAP participants are less likely to visit emergency departments,³⁵ which helps to address overcrowding and higher health care costs associated with emergency department visits, and reduces Medicaid costs. Visits for regular checkups increase for children and infants in families participating in SNAP,³⁶ which is critical for prevention and early detection of health issues. By reducing emergency department visits and promoting preventive care among participants, SNAP contributes to more efficient health care utilization and improved health outcomes overall.

In terms of cost, adult SNAP participants have, on average, annual health care costs that are \$1,400 to \$5,000 lower compared to nonparticipants with low incomes.³⁷ Lower costs not only decrease the likelihood of accruing personal medical debt, which already affects around 25 percent of individuals facing food and/or housing insecurity,³⁸ but also reduce costs that patients would pay to Medicaid and Medicare.³⁹ Because of the demonstrated, long-term cost benefits associated with ensuring food security, SNAP is a vital component in reducing health care expenditures and alleviating the strain on already overburdened health care systems.

Resources for Referrals and Screening Guidelines

As the nation's number one defense against hunger,⁴⁰ SNAP is a proven way to reduce hunger and ease the economic burden that over 40 million Americans feel each year, which in turn, reduces strain on health systems. Referring eligible, nonparticipating patients to SNAP is an investment that will produce a healthier overall population. Thus, health care settings are a natural point for patients to be screened for food insecurity and connected to SNAP.

In addition to the successful food insecurity interventions that are already in place in health care settings, providers can consult a range of resources online to connect their patients to SNAP and other federal nutrition programs, such as:

- **Screen and Intervene:** The free and thorough [Toolkit for Pediatricians to Address Food Insecurity](#)⁴¹ offers guidance on screening children for hunger and connecting families to nutrition assistance programs.
- **Screen and Intervene:** [Addressing Food Insecurity Among Older Adults](#) is a free, online course (approved for 1 AMA PRA Category 1 Credit™)⁴² that is designed to educate and support individuals and organizations by providing resources, training, and tools for addressing food insecurity, with a focus on nutrition programs.
- **SnapScreener.com:** Non-identifying information can be entered into an unofficial screening tool to produce an estimate of eligibility status and benefit amounts based on an individual or household's circumstances.

Many national, state, and local anti-hunger organizations also provide targeted training, state-specific-resources, and technical assistance for connecting patients to federal nutrition programs, including SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (also known as WIC), the Commodity Supplemental Food Program, the National School Lunch Program, and more. To be connected to a community-based organization, visit the Food Research & Action Center [State Anti-Hunger Organizations page](#).

Endnotes

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